

Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Laboratory Certification Feedback Form

Lab Name: _____ **Lab ID#** _____

Date(s) of Assessment: _____ **Today's Date:** _____

Lead Assessor: _____

Team Members: _____

Your comments and suggestions about the assessment process and/or services provided by VELAP are requested and welcomed so that we can continually improve! Thank you for providing your valuable feedback. You may also contact the VELAP Manager directly at the e-mail address below.

HOW SUCCESSFUL WAS THE ASSESSMENT PROCESS IN:

	Excellent	Good	Acceptable	Marginal	Poor
◇ Evaluating your laboratory without bias	(5)	(4)	(3)	(2)	(1)
◇ Ensuring review of applicable standards	(5)	(4)	(3)	(2)	(1)
◇ Assisting you to identify areas for improvement	(5)	(4)	(3)	(2)	(1)
◇ Offering relevant suggestions, clarifications, and/or guidance	(5)	(4)	(3)	(2)	(1)

HOW SUCCESSFUL WERE THE ASSESSORS IN:

	Excellent	Good	Acceptable	Marginal	Poor
◇ Communicating professionally, clearly, and courteously	(5)	(4)	(3)	(2)	(1)
◇ Answering your questions and concerns	(5)	(4)	(3)	(2)	(1)
◇ Conducting effective opening and closing meetings	(5)	(4)	(3)	(2)	(1)
◇ Conducting effective interviews with your staff and managers	(5)	(4)	(3)	(2)	(1)
◇ Demonstrating understanding of standards and regulations	(5)	(4)	(3)	(2)	(1)
◇ Being prepared for the assessment and familiar with your laboratory	(5)	(4)	(3)	(2)	(1)

Please provide comments, suggestions, or feedback about the application or assessment process, or about other certification/accreditation services provided by VELAP staff.
